

Foster Family Home - Corrective Action Report

Provider ID: 1-210041

Home Name: Sharmaine Mamaclay, CNA

Review ID: 1-210041-1

91-726 Koalipehu Street

Reviewer: David Ayling

Ewa Beach

HI

96706

Begin Date: 4/30/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 5/30/21.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current 1st year APS/CAN and fingerprints and CG #1, CG #2, HHM #2, #3, #4, #5, and #6.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

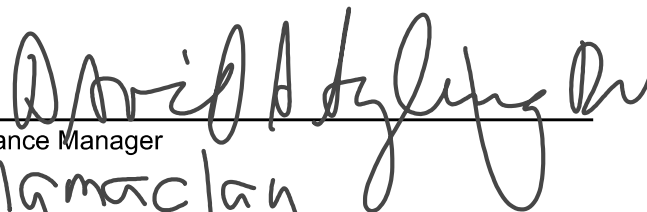

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

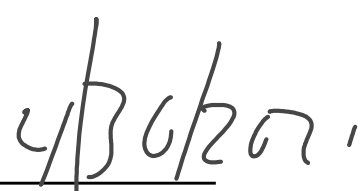
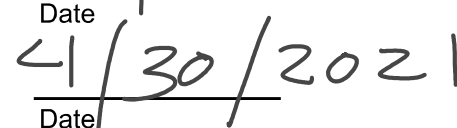
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7), 41.(f)(1) - No current TB clearance for all CG's and HHM's.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1.


Compliance Manager

Primary Care Giver


Date

Date